

**PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application Serial No: 10/054,247	Attorney Docket No: BP2053
Application Filing Date: 01-22-2002	Inventor(s): Mitchell Buznitsky, et al.
Examiner: Le, Lana N	
Art Group: 2685	Patent No: 6,993,306
Confirmation No: 3716	Patent Issue Date: 01-31-2006
Title: Determination and Processing for Fractional-N Programming Values	

Date: 04-21-2008

ATTN: Certificate of Correction Branch
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CERTIFICATE OF CORRECTION

After reviewing the issued U.S. patent referenced above, the Applicant notices one or more error(s) that was/were apparently made through the fault of the United States Patent and Trademark Office (USPTO).

Also, after reviewing the issued U.S. patent referenced above, the Applicant notices one or more mistakes, inadvertently made by the Applicant in good faith, for which correction is sought.

The Applicant respectfully requests that the Director issue a Certificate of Correction to be recorded in the records of U.S. patents.

Because there is at least one mistake, inadvertently made by the Applicant in good faith, for which correction is sought, the Applicant also respectfully submits herewith the appropriate fee set forth in 37 C.F.R. § 1.20(a) of \$100 for the Certificate of Correction in accordance with M.P.E.P. § 1481.

The Applicant respectfully asserts that the mistake(s) made by the Applicant are:

- (1) of a clerical nature,
- (2) of a typographical nature, or
- (3) a mistake of minor character.

Moreover, the Applicant respectfully asserts that the one or more corrections of mistake(s) made by the Applicant do not involve changes which would:

- (1) constitute new matter or
- (2) require reexamination.

These corrections of the mistake(s) made inadvertently by the Applicant in good faith are also depicted on the enclosed Certificate of Correction - Form PTO/SB/44 (09-07) (1 pg).

Errors made through fault of the USPTO.

Column 22, line 44, in Claim 36: after “signal”, delete “substantially”

Column 24, line 19, in Claim 48: after “clock”, delete “substantially”

Column 24, line 23, in Claim 48: after “clock”, delete “substantially”

Errors inadvertently made by the Applicant in good faith.

Column 18, line 43, in Claim 2: after “signal”, delete “substantially”

Column 24, line 5, in Claim 46: after “device”, delete “substantially”

The Office is invited to contact the undersigned by telephone or facsimile with any questions or concerns whatsoever.

RESPECTFULLY SUBMITTED,
By: /SXShort/ Reg. No. 45,105
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UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION

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PATENT NO. : 6,993,306
APPLICATION NO.: 10/054,247
ISSUE DATE : 01-31-2006
INVENTOR(S) : Mitchell Buznitsky, et al.

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Column 18, line 43, in Claim 2: after "signal", delete "substantially"

Column 22, line 44, in Claim 36: after "signal", delete "substantially"

Column 24, line 5, in Claim 46: after "device", delete "substantially"

Column 24, line 19, in Claim 48: after "clock", delete "substantially"

Column 24, line 23, in Claim 48: after "clock", delete "substantially"

MAILING ADDRESS OF SENDER (Please do not use customer number below):

Garlick Harrison & Markison
P.O. Box 160727
Austin, TX 78716-0727

This collection of information is required by 37 CFR 1.322, 1.323, and 1.324. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Attention Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Effective on 12/08/2004.
 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 100

Complete if Known

Application Number	10/054,247
Filing Date	01-22-2002
First Named Inventor	Mitchell Buznitsky
Examiner Name	Le, Lana N
Art Unit	2685
Attorney Docket No.	BP2053

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify): on-line via EFS w/ credit card
☒ Deposit Account Deposit Account Number: 50-2126 Deposit Account Name: Garlick Harrison & Markison

For the above identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims Extra Claims Fee (\$)

- 20 or HP = x =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): certificate of correction, fee under 37 C.F.R. § 1.20(a) (\$100)

Fees Paid (\$)

100

SUBMITTED BY

Signature	/SXShort/ Reg. No. 45,105	Registration No. (Attorney/Agent)	45,105	Telephone	512-825-1145
Name (Print/Type)	Shayne X. Short, Ph.D. (Reg. No. 45,105)			Date	04-21-2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.